MAXIMUS Federal Services

Case Number:	CM14-0062852		
Date Assigned:	07/11/2014	Date of Injury:	03/25/2011
Decision Date:	09/09/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 36-year-old male with 3/25/11 date of injury. Diagnosis includes lumbar sprain, ankle sprain, and internal derangement of the knee. Current medications include Ultram, Flexeril, Protonix, Terocin topical lotion, and Voltaren. On the 11/18/13 progress note, the patient described pain in the right knee with range of motion; tenderness in the low back with spams, and intact neurological examination. Medications were dispensed. 3/31/14 progress note described low back pain, right inguinal pain, and depressive symptoms. Clinically, there was tenderness to palpation, decreased range of motion with spams in the lumbar spine. Neurological examination was unremarkable

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Terocin Topical Lotion 120ml apply bid (twice a day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesic Page(s): 105; 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.2.,Additionally, CA MTUS 9792.24.2 Page(s): 111,112-113.

Decision rationale: This topical medication includes Methyl Salicylate 25%, Capsaicin 0.025%, Menthol 10%, and Lidocaine 2.50%. However, CA MTUS Chronic Pain Medical Treatment

Guidelines do not recommend compound medications including lidocaine (in creams, lotion or gels), for topical applications. In addition, CA MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Before topical lidocaine is considered, there should also be documentation of first line treatment options. While guidelines would support a capsaicin formulation, the above compounded topical medication is not recommended. Medical necessity for the requested Terocin lotion is not established, therefore the request is not medically necessary.

Ultram 60mg 1 tab q4-6hrs (every 4-6 hours) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use,On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Section 9792.24.2 Page(s): 82.

Decision rationale: The patient has a 2011 date of injury and duration of Ultram use has not been well documented. CA MTUS requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for patients chronically utilizing opioid medications. There is no discussion regarding reaction in VAS scores or functional improvement from the use of Ultram. There is no documentation of compliance evaluation utilizing random urine drug screens and pain contracts. Medical necessity for the requested Ultram is not established. Therefore the request is not medically necessary.